



MARYLAND Department of Health

Public Health Preparedness and Situational Awareness Report: #2019:33

Reporting for the week ending 08/17/19 (MMWR Week #33)

August 23rd, 2019

CURRENT HOMELAND SECURITY THREAT LEVELS

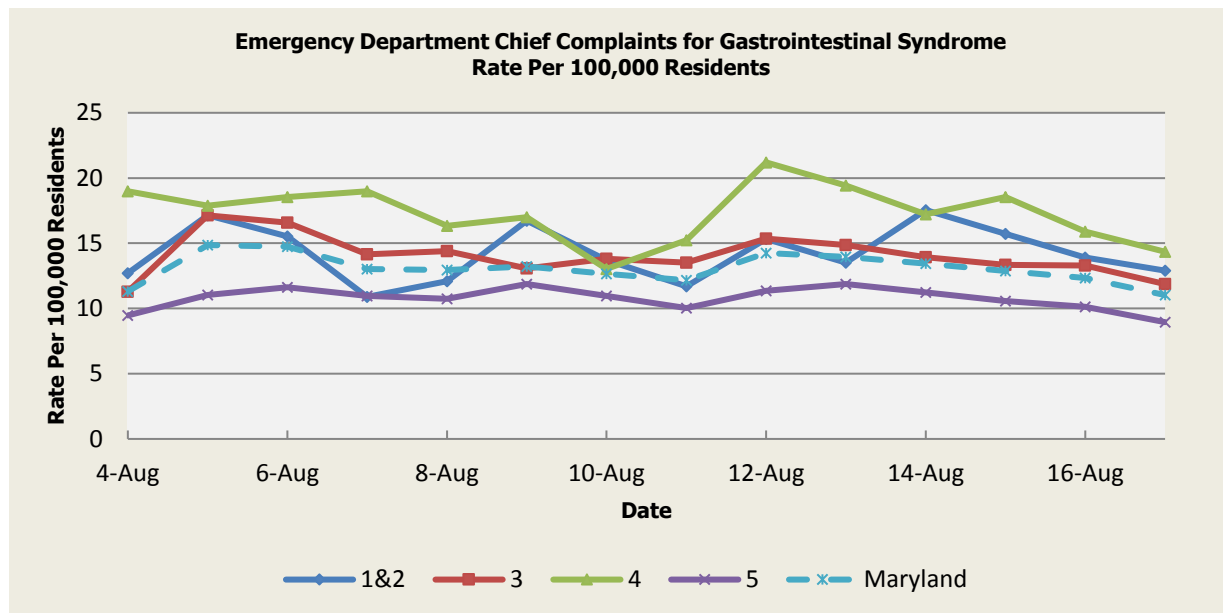
National:	No Active Alerts
Maryland:	Normal (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

(report continues on next page)

Gastrointestinal Syndrome



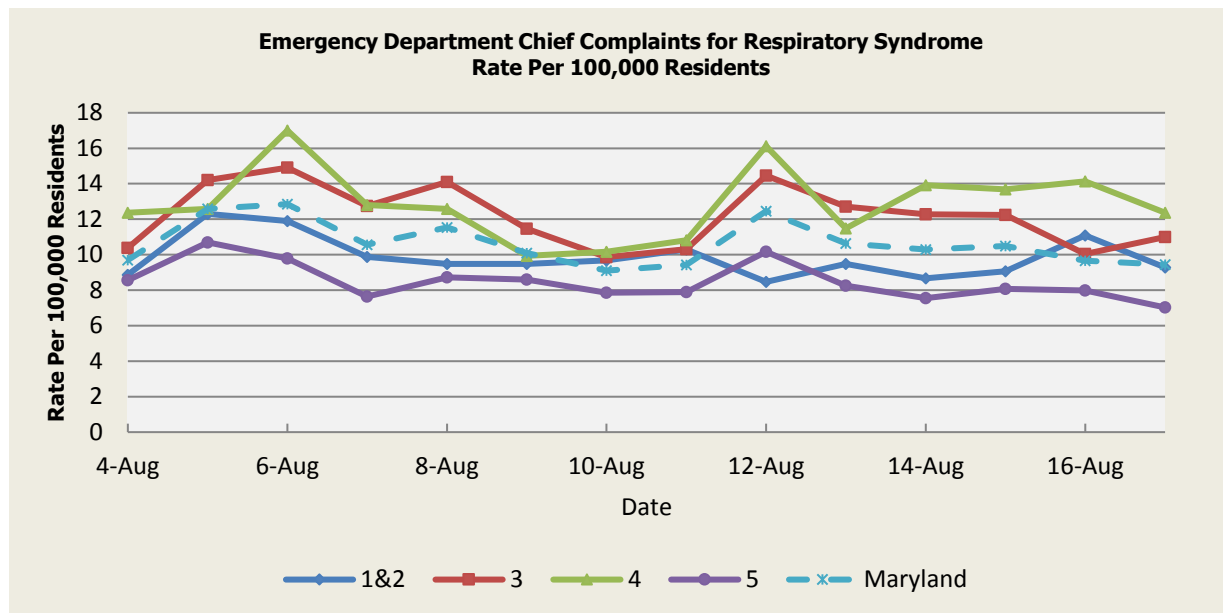
There were no Gastrointestinal Syndrome outbreak reported this week

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.27	15.10	15.92	10.25	13.15
Median Rate*	13.11	14.87	15.46	10.13	13.02

* Per 100,000 Residents

(report continues on next page)

Respiratory Syndrome



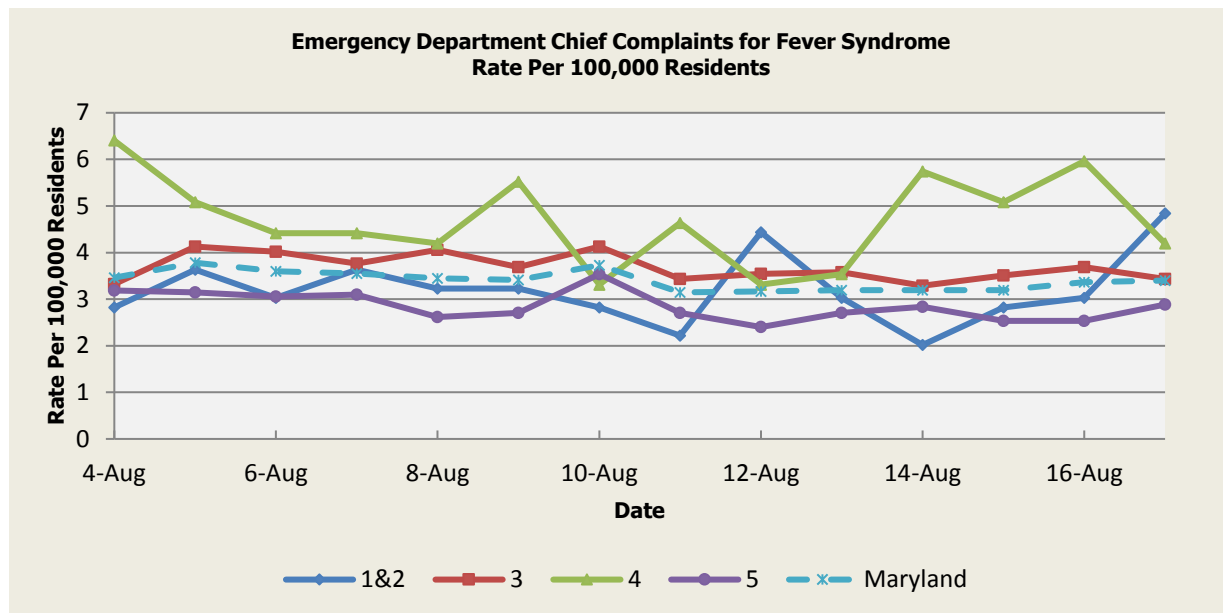
There was one (1) Respiratory Syndrome outbreak reported this week. One (1) outbreak of Influenza-Like Illness

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.62	14.71	15.05	9.96	12.74
Median Rate*	12.10	14.14	14.35	9.60	12.25

* Per 100,000 Residents

(report continues on next page)

Fever Syndrome



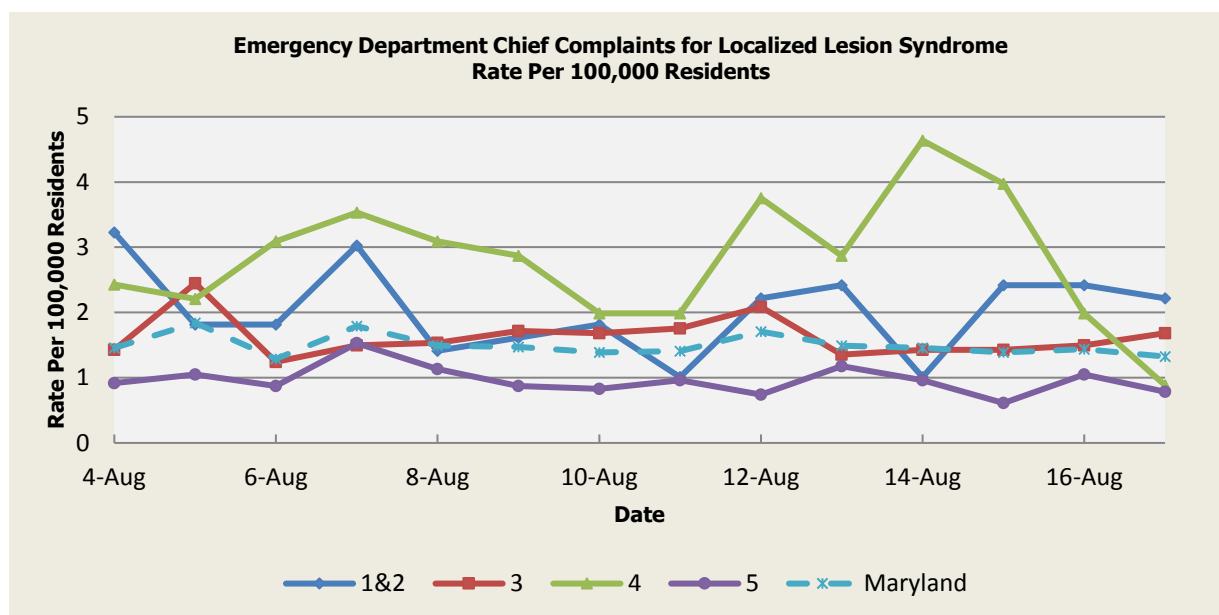
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.08	3.90	4.12	3.04	3.52
Median Rate*	3.02	3.80	3.97	2.92	3.40

**Per 100,000 Residents*

(report continues on next page)

Localized Lesion Syndrome



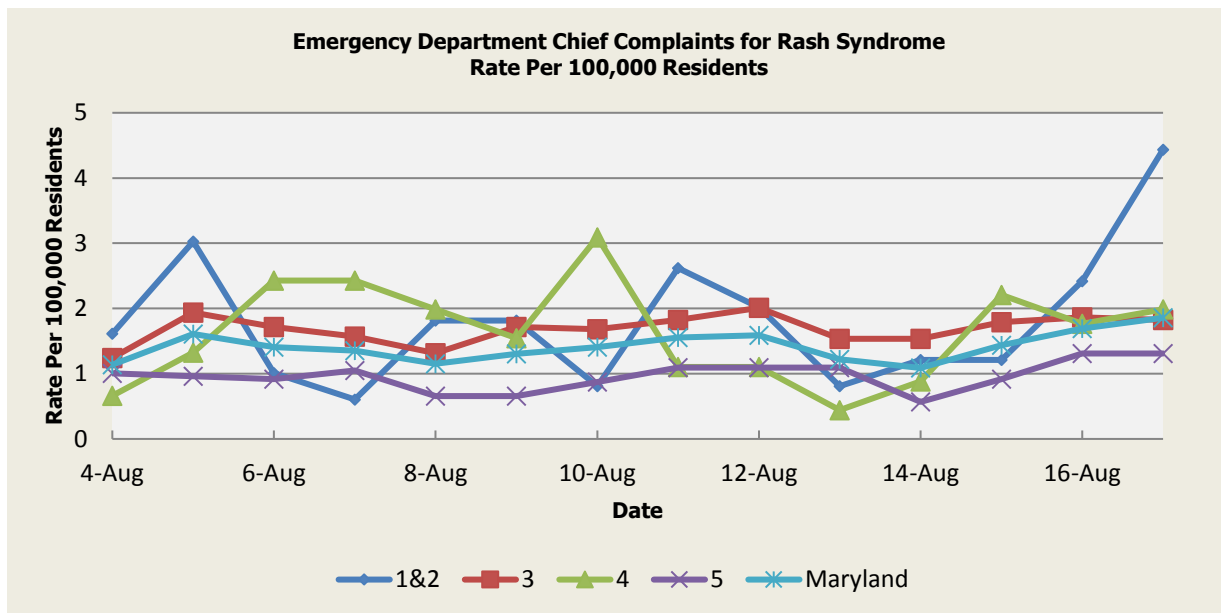
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.14	1.79	2.04	0.91	1.42
Median Rate*	1.01	1.72	1.99	0.87	1.37

* Per 100,000 Residents

(report continues on next page)

Rash Syndrome



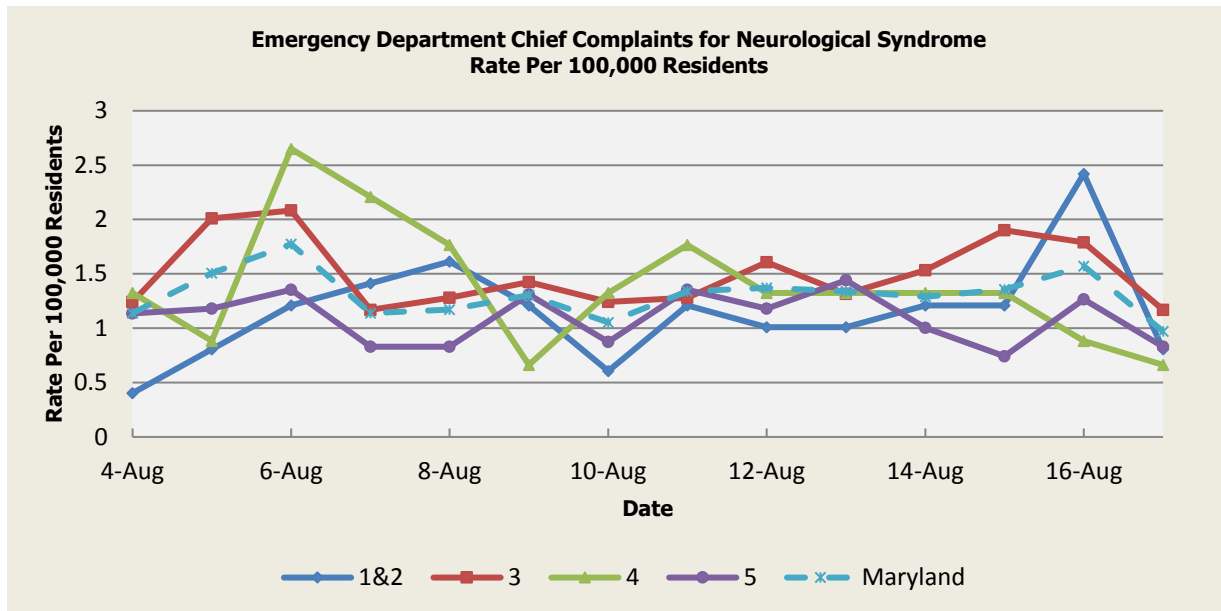
There were no Rash Syndrome outbreaks reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.24	1.68	1.77	0.98	1.38
Median Rate*	1.21	1.61	1.77	0.92	1.32

* Per 100,000 Residents

(report continues on next page)

Neurological Syndrome



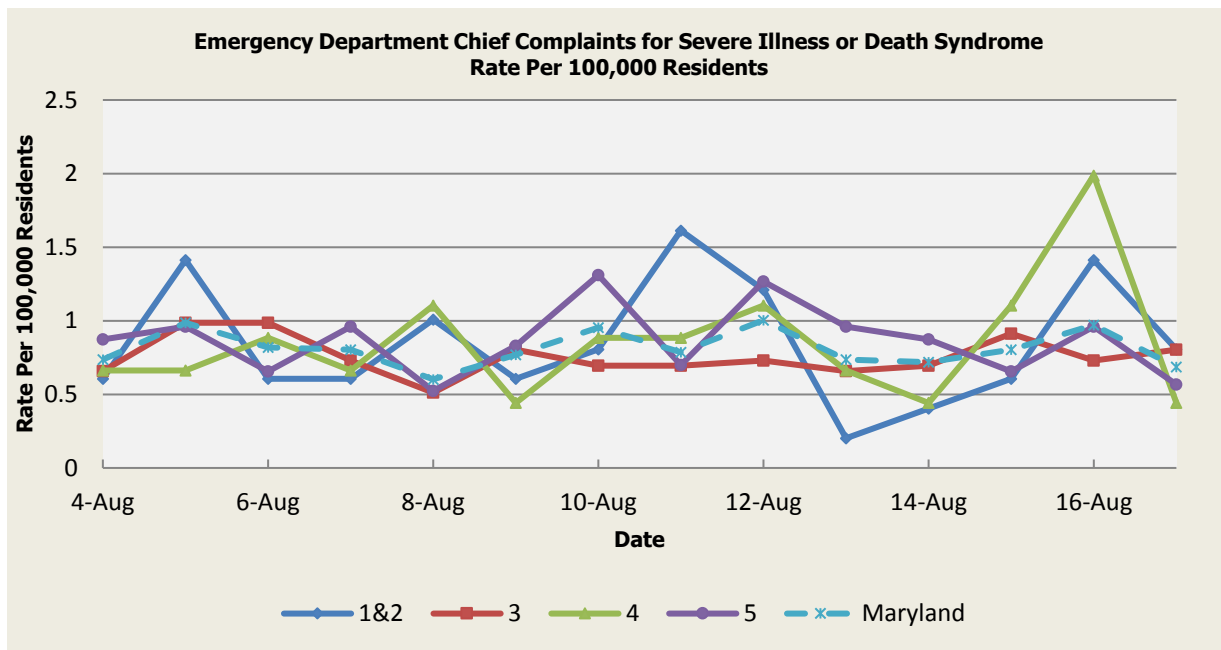
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.78	0.95	0.86	0.60	0.79
Median Rate*	0.81	0.84	0.66	0.57	0.70

* Per 100,000 Residents

(report continues on next page)

Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

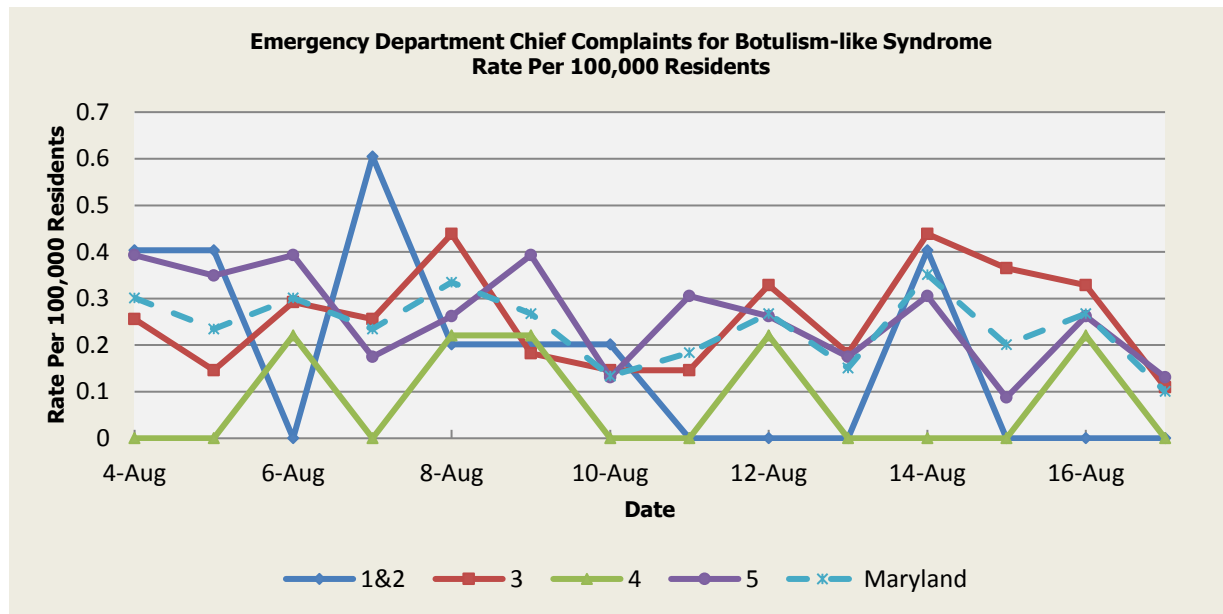
Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.66	0.90	0.83	0.51	0.73
Median Rate*	0.60	0.84	0.66	0.48	0.70

* Per 100,000 Residents

(report continues on next page)

SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



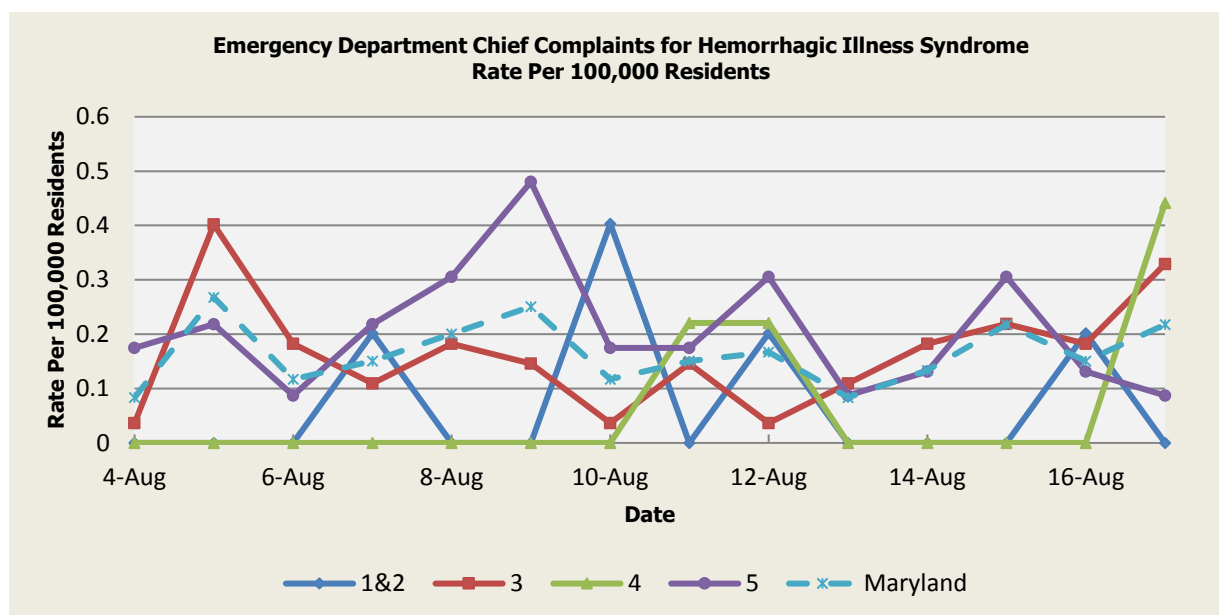
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on, 8/4 (Regions 1&2,3,5), 8/5 (Regions 1&2,5), 8/6 (Regions 3,4,5), 8/7 (Regions 1&2,3,5), 8/8 (Regions 1&2,3,4,5), 8/9 (Regions 1&2,4,5), 8/10 (Region 1&2), 8/11 (Region 5), 8/12 (Regions 3,4,5), 8/13 (Region 5), 8/14 (Regions 1&2,3,5), 8/15 (Region 3), 8/16 (Regions 3,4,5) These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.07	0.12	0.06	0.08	0.10
Median Rate*	0.00	0.11	0.00	0.04	0.08

* Per 100,000 Residents

(report continues on next page)

Hemorrhagic Illness Syndrome



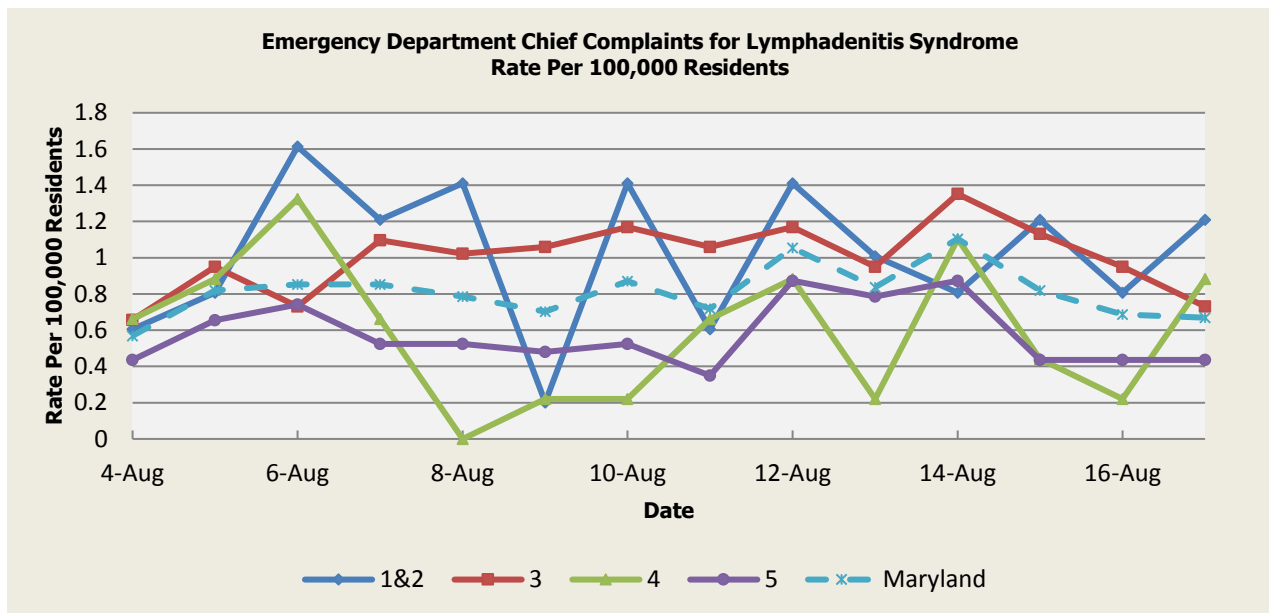
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on, 8/5 (Region 3), 8/7 (Region 1&2), 8/8 (Region 5), 8/9 (Region 5), 8/10 (Region 1&2), 8/11 (Region 4), 8/12 (Regions 1&2,4,5), 8/15 (Region 5), 8/16 (Region 1&2), 8/17 (Regions 3,4) These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.04	0.16	0.04	0.13	0.13
Median Rate*	0.00	0.11	0.00	0.09	0.08

* Per 100,000 Residents

(report continues on next page)

Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on, 8/5 (Regions 1&2,4), 8/6 (Regions 1&2,4), 8/7 (Region 1&2), 8/8 (Region 1&2), 8/10 (Region 1&2), 8/12 (Regions 1&2,4,5), 8/13 (Regions 1&2, 5), 8/14 (Regions 1&2,3,4,5), 8/15 (Region 1&2), 8/16 (Region 1&2), 8/17 (Regions 1&2,4). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.37	0.59	0.40	0.38	0.48
Median Rate*	0.40	0.51	0.44	0.35	0.42

* Per 100,000 Residents

(report continues on next page)

MARYLAND REPORTABLE DISEASE SURVEILLANCE

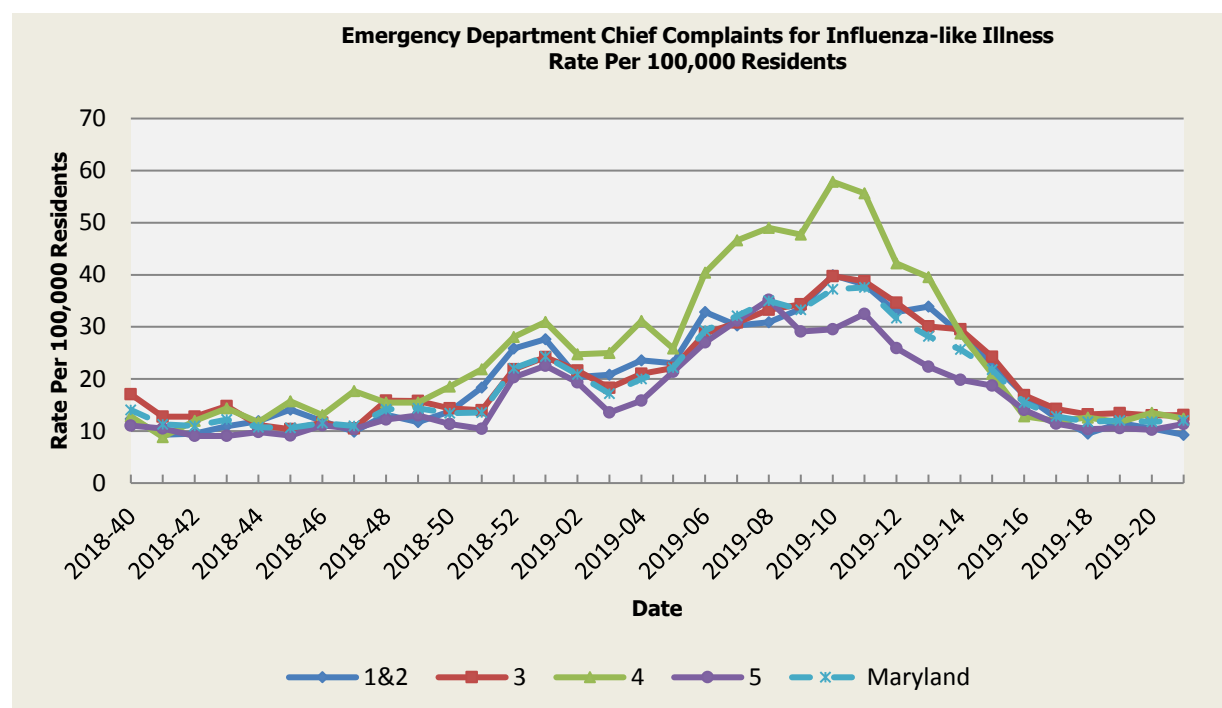
Reportable disease data from the National Electronic Disease Surveillance System (NEDSS) that feeds into ESSENCE is currently being validated. We will include these data in future reports once the validation process is complete.

(report continues on next page)

SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2018 through May 2019).

Influenza-like Illness

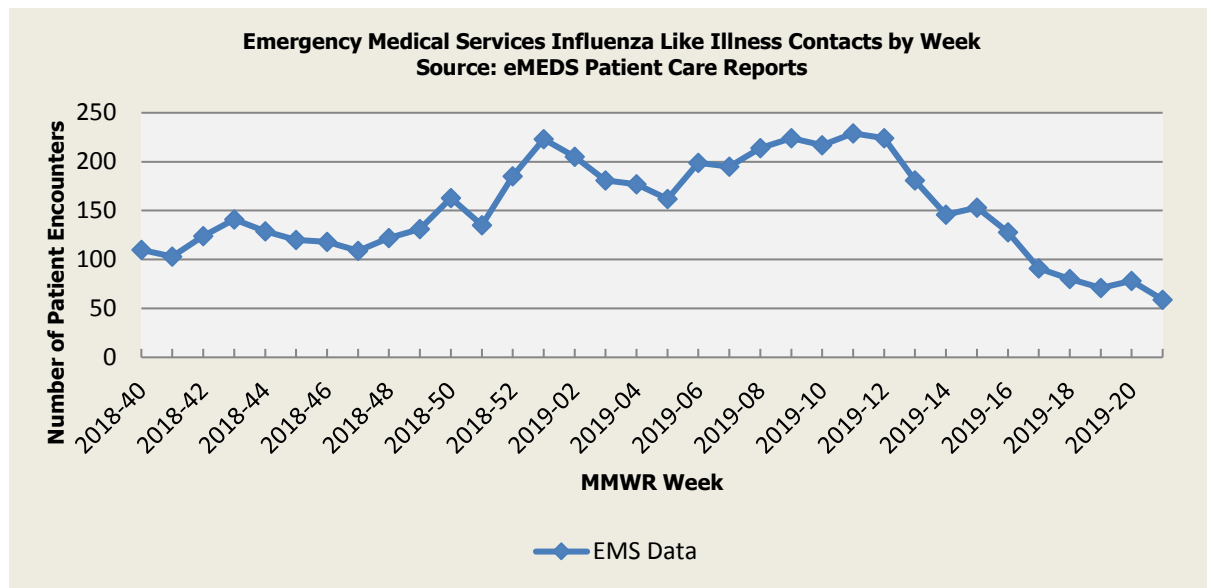


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.20	13.31	12.85	11.28	12.24
Median Rate*	7.66	10.30	9.27	8.77	9.44

* Per 100,000 Residents

(report continues on next page)

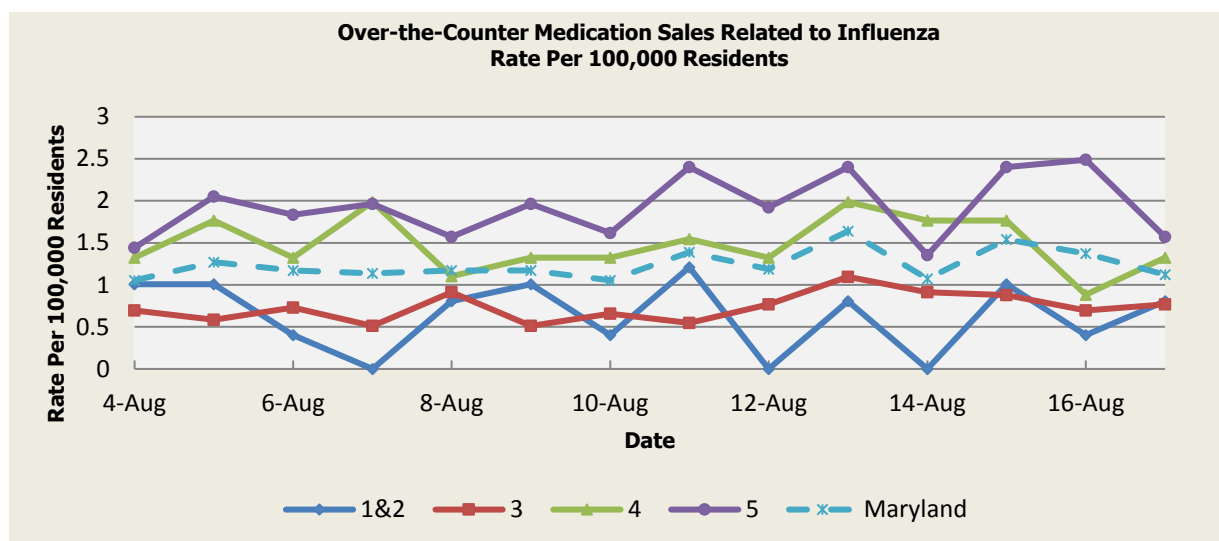
Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

(report continues on next page)

Over-the-Counter Influenza-Related Medication Sales



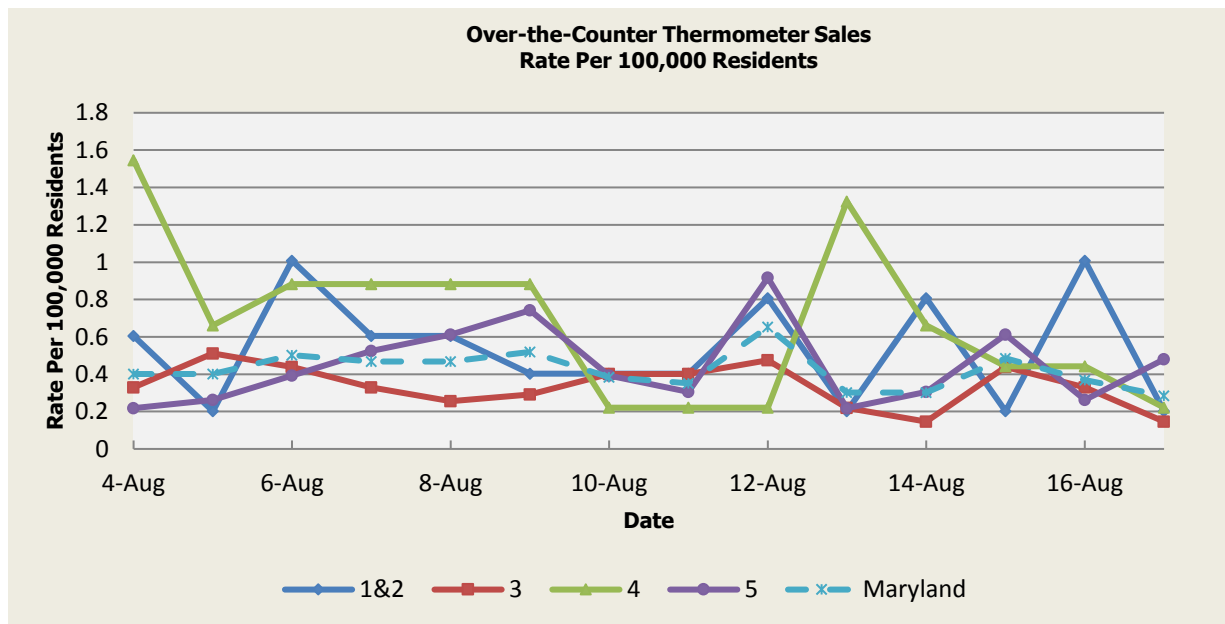
There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.49	4.50	2.68	7.87	5.57
Median Rate*	2.82	3.69	2.21	7.16	4.85

* Per 100,000 Residents

(report continues on next page)

Over-the-Counter Thermometer Sales



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.98	2.84	2.26	3.77	3.16
Median Rate*	2.62	2.74	2.21	3.67	3.08

* Per 100,000 Residents

(report continues on next page)

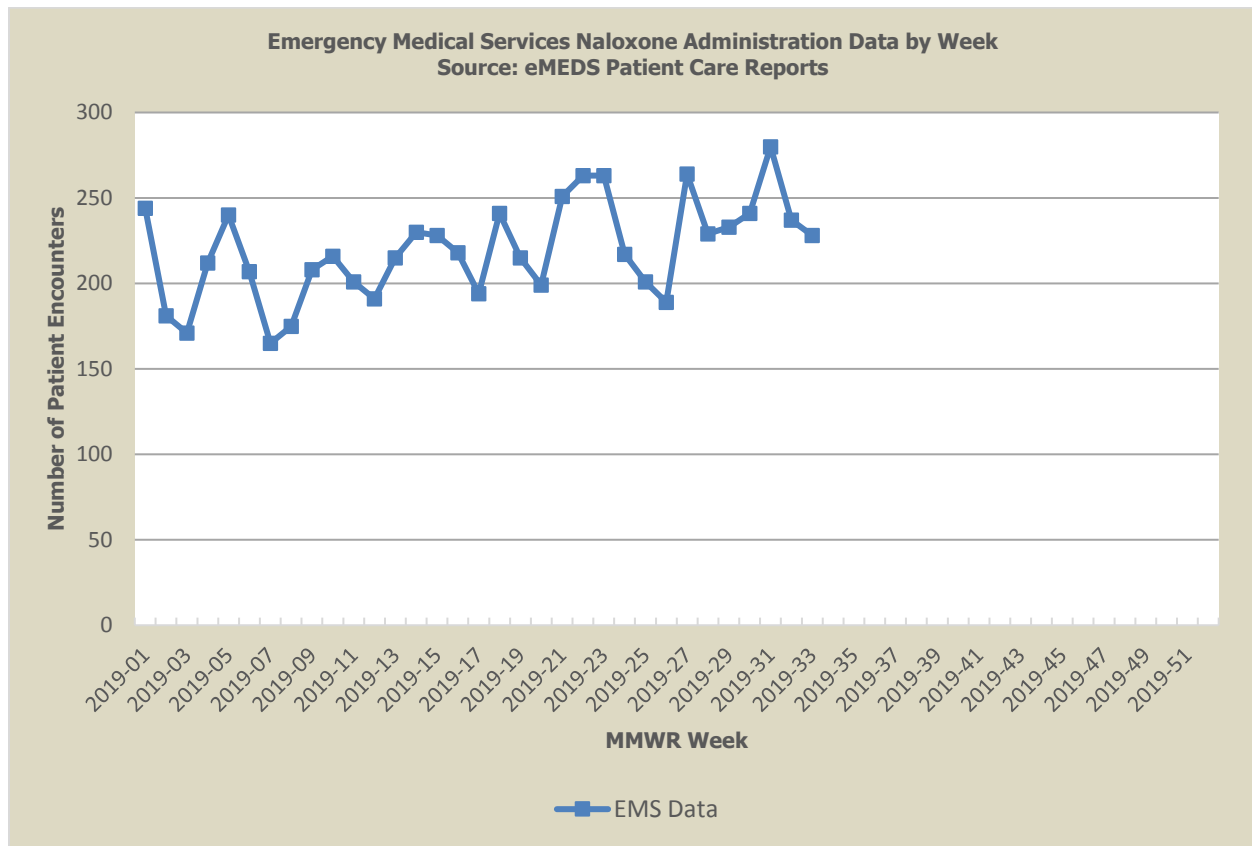
SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

(report continues on next page)

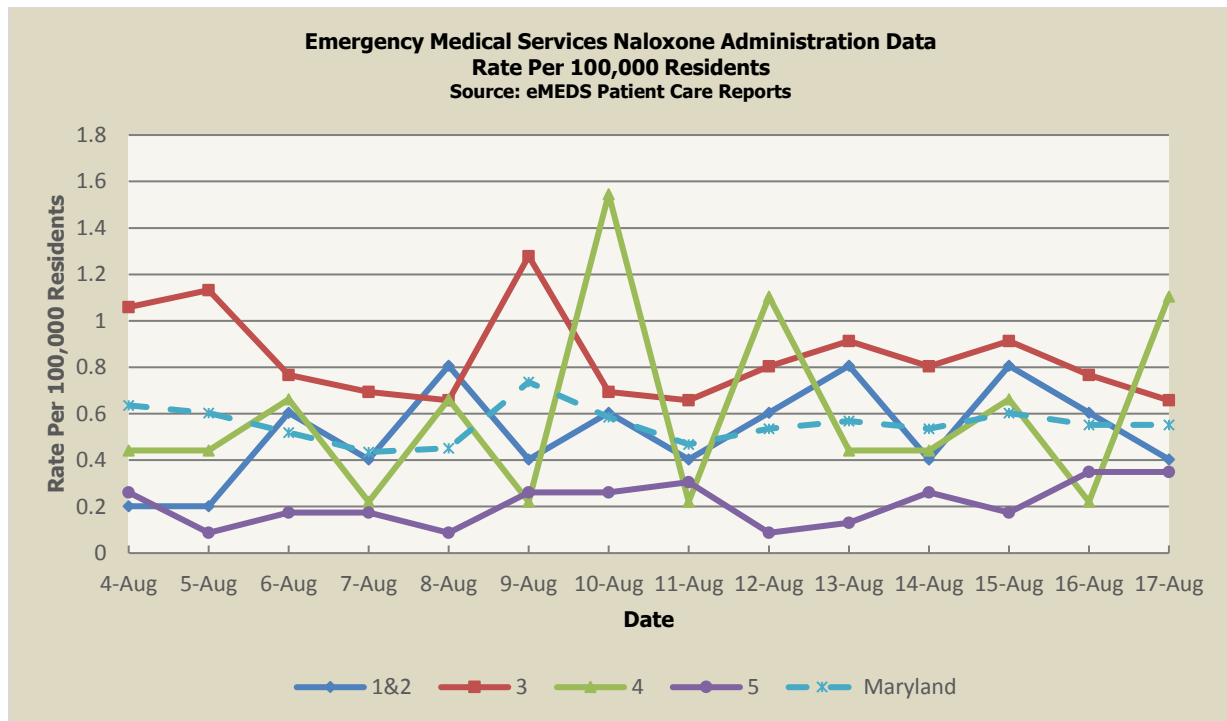
Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

(report continues on next page)

Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

(report continues on next page)

PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of August 22nd, 2019, the WHO-confirmed global total (2003-2019) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

HUMAN AVIAN INFLUENZA

AVIAN INFLUENZA, HUMAN (CHINA), 23 August 2019, The China National Health Commission reported a human case of avian influenza A (H5N6) today [19 Aug 2019]. The case involved a 59-year-old female from Beijing. She was hospitalised on [11 Aug 2019]. She is now in a critical condition. Read More: <https://www.promedmail.org/post/6631163>

NATIONAL DISEASE REPORTS

ST LOUIS ENCEPHALITIS VIRUS (CALIFORNIA), 23 August 2019, The Imperial County Public Health Department (ICPHD) confirmed on Wednesday [21 Aug 2019] that 2 El Centro residents have been infected with St Louis encephalitis (SLE) virus. Read More: <https://www.promedmail.org/post/6636345>

HEPATITIS A (MISSOURI), 22 Aug 2019, A Missouri county has imposed mandatory hepatitis A vaccinations for food handlers. Franklin County, Missouri, joins a handful of jurisdictions across the country with mandatory hepatitis A vaccine programs aimed at preventing further cases. Read More: <https://www.promedmail.org/post/6635748>

HEPATITIS A (LAS VEGAS), 22 Aug 2019, Health officials in Las Vegas are using the word "outbreak" to describe a sharp spike in hepatitis A cases reported mostly among homeless people and drug users. Read More: <https://www.promedmail.org/post/6635382>

HEPATITIS A (USA), 22 Aug 2019, Since March 2017, CDC's Division of Viral Hepatitis (DVH) has been assisting multiple state and local health departments with hepatitis A outbreaks, spread through person-to-person contact. Read More: <https://www.promedmail.org/post/6632003>

E COLI EHEC (MINNESOTA), 22 Aug 2019, There have now been 69 people to have fallen sick from the _Escherichia coli_ outbreak at Lake Nokomis. Health officials put out an alert earlier this month [August 2019] after 3 children became sick with the bug after swimming at the lake, prompting the closure of both its beaches. Read More: <https://www.promedmail.org/post/6635293>

LA CROSSE ENCEPHALITIS (OHIO), 20 Aug 2019, 7 year old girl from Mt Vernon, Ohio has been infected with a rare mosquitoborne virus that, in severe cases, can cause encephalitis, or an inflammation of the brain. The girl, who was not identified, has been confirmed to have La Crosse virus (LACV), local news outlet Knox Pages reported, citing the Knox County Health Department. It wasn't immediately clear where or when the girl was infected. Read More: <https://www.promedmail.org/post/6631871>

HEPATITIS A (NEW JERSEY), 18 Aug 2019, An outbreak of hepatitis A with 23 confirmed cases has been traced to a food handler who worked in the kitchen of a private Morris County country club, state officials said on Thu 15 Aug 2019. Read More: <https://www.promedmail.org/post/6628163>

HEPATITIS E (NEW YORK), 15 Aug 2019, I evaluated and treated a symptomatic patient who acquired _Cyclospora_ infection after eating basil at a reception in upstate NY in late June 2019. Several other individuals who attended the same reception were reportedly also diagnosed with _Cyclospora_ infection. The patient appears to be one of the cases of the recent outbreak attributed to basil imported from Mexico. Read More: <https://www.promedmail.org/post/6628124>

EASTERN EQUINE ENCEPHALITIS (MASSACHUSETTS), 18 Aug 2019, The Massachusetts Department of Public Health has confirmed a 2nd human case of eastern equine encephalitis [EEE] in the state on Friday [16 Aug 2019]. Officials also raised the risk level for EEE to "critical" in 10 more towns in central and eastern Massachusetts. Read More: <https://www.promedmail.org/post/6627860>

CYCLOSPORIASIS (USA), 17 Aug 2019, An outbreak of illness [cyclosporiasis] linked to basil imported from Mexico has sickened 120 people in New Jersey and more than 500 in other states since May (2019). Read More: <https://www.promedmail.org/post/6627273>

HANTAVIRUS (NEVADA), 17 Aug 2019, A south Reno resident contracted [a] hantavirus [infection], a sometimes-deadly disease typically spread by deer mice, the Washoe District

Health Department reported Thursday [15 Aug 2019]. It's the 1st Washoe County case since 2 were reported in 2017. Read More: <https://www.promedmail.org/post/6626880>

EASTERN EQUINE ENCEPHALITIS (NEW JERSEY), 17 Aug 2019, New Jersey's Health Department has confirmed its 1st case of Eastern equine encephalitis in a human this summer [2019]. The department says an elderly Somerset County man was hospitalized but has since been discharged for continued rehabilitation care. Read More: <https://www.promedmail.org/post/6626825>

INTERNATIONAL DISEASE REPORTS

ANTHRAX (ARMENIA), 23 August 2019, Another 3 people in a small village in Gegharkunik province have been tested positive for anthrax, bringing the total number of confirmed cases to 8, the healthcare ministry said in a news release. The patients are receiving treatment and are recovering. Read More: <https://www.promedmail.org/post/6635925>

AFLATOXIN (TANZANIA), 22 Aug 2019, A suspected aflatoxicosis outbreak is being reported in Tanzania. The World Health Organization (WHO) was informed of the situation by the Ministry of Health in late June 2019. Read More: <https://www.promedmail.org/post/6634270>

LISTERIOSIS (SPAIN), 21 Aug 2019, Health authorities in Spain are on high alert after a 90-year-old woman died amid a listeria outbreak in the southern region of Andalusia that has affected more than 110 people. Read More: <https://www.promedmail.org/post/6634032>

HEPATITIS A (AUSTRALIA), 21 Aug 2019, Australian Capital Territory (ACT) health officials are investigating a cluster of hepatitis A cases in Canberra's South Korean community. There have been 8 cases of the virus in the ACT and Sydney since June 2019. Read More: <https://www.promedmail.org/post/6633760>

SPOTTED FEVER (GERMANY), 19 Aug 2019, The University of Hohenheim and the Bundeswehr Institute of Microbiology [IMB] have detected spotted fever in a hyalomma tick, the 1st time such a tick is suspected to have caused disease in a human in Germany. Read More: <https://www.promedmail.org/post/6628766>

LEISHMANIASIS, VISCERAL (KENYA), 17 Aug 2019, Kenya is reporting a large outbreak of the parasitic disease, visceral leishmaniasis (Kala Azar). Since January through the 1st week of August (2019), a total of 1986 cases of leishmaniasis have been reported from Marsabit, Wajir and Garissa counties. Read More: <https://www.promedmail.org/post/6627214>

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website:
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):
<http://flusurvey.health.maryland.gov>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

Prepared By:

Office of Preparedness and Response, Maryland Department of Health
300 W. Preston Street, Suite 202, Baltimore, MD 21201
Fax: 410-333-5000

Peter Fotang, MD, MPH
Epidemiologist, Biosurveillance Program
Office: 410-767-8438
Email: Peter.Fotang@maryland.gov

Jennifer Stanley, MPH
Epidemiologist, Biosurveillance Program
Office: 410-767-2074
Email: Jennifer.Stanley@Maryland.gov

Jessica Acharya (Goodell), MPH
Career Epidemiology Field Officer, CDC
Office: 410-767-6745
Email: Jessica.Goodell@maryland.gov

Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

